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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number 'EPMED-**DECLARATION FOR UTILITY OR** First Named Inventor DESIGN HOSHENG PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Filing **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Extracorporeal Pathogen Reduction System (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date Certified Copy Attached? **Priority** (MM/DD/YYYY) Country Number(s) Not Claimed Yes Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Numb or Bar Code Lab		OR Cor	respondence address below						
Name HOSHENG TU		45.							
Address /5 RIEZ									
City NEWPORT BEACH	State	CA	zip 9>657						
Country U ≤A Tel	ephone 949-706	-1066	Fax 949-706-1107						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Hosheng or Surname Inventor's									
Inventor's Signature Hashing 1	Date 11/20/03								
Residence: City Newport Beach	State CA	Country USA	Citizenship USA						
Mailing Address 15 Rie}									
City Newport Beach	State CA	ZIP 92657	Country USA						
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) HUN-CHI Family Name or Surname									
Inventor's Signature			Date 11/20/03						
Residence: City LOS Angeles	State CA	country USA	Citizenship USA						
Mailing Address 11452 Clarkson Road									
city Los Angeles	State CA		country USA						
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Country

PTO/SB/02A (08-03)
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page							
Name of Additional Joint Inventor, if any:	A petition has			as been filed for this unsigned inventor					
Given Name (first and middle (if any)		Family Name or Surname							
Yu - An	Chang								
Inventor's Signature An Charry				Date 1/23/03					
Residence: City Iyvine	State	c A	Cour	ntry USA	Citizenship	usA			
Mailing Address 3631 Hamilton Street									
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Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any)		Family Name or Surname							
Inventor's Signature	Date								
Residence: City	State			Country		Citizenship			
Mailing Address									
Mailing Address									
City State		Zip		Zip	Country				
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle (if any)		Family Name or Surname							
Inventor's Signature		Date							
Residence: City	State	Country		Country	Citizenship				
Mailing Address									
Mailing Address									

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